

<b>Case Number:</b>	CM13-0057248		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female who was involved in a work related injury on 02/19/10. The mechanism of injury was not documented in the documents that were reviewed. The injured worker's diagnosis is right sacroiliitis and lumbar degenerative disc disease. The injured worker has undergone physical therapy since the injury. She also has been on multiple medications which she continues on. Sacroiliac ablation with apparently no relief of symptoms with prescription of a sacroiliac belt which did help with the right sacroiliac pain is noted. It is also noted that medications do decrease her pain and increase her function. The injured worker has developed gastrointestinal (GI) distress due to chronic medication usage. Pain is generally 8-9 on a scale of 0-10 without meds and a 6 with meds. Physical examination shows the injured worker's strength in her lower extremities was rated 5/5 to manual motor testing. She has increased pain with flexion and extension of her lumbar spine. She is tender to palpation in both sacroiliac joints. She has a positive Patrick's and a positive Gaenslen's on the right. The injured worker also had an MRI of her right hip which was normal. The injured worker also has had urine drug testing.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**NAPROXEN 550 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

**Decision rationale:** The guideline standard confirms that non-steroidal antiinflammatory agents should be reserved for the treatment of acute exacerbations of chronic pain as a 2nd line after use of Acetaminophen and recommended as an option for short term symptomatic relief of chronic low back pain, especially when acute exacerbations occur. The injured worker is on Prilosec because of gastrointestinal (GI) distress secondary to chronic medication use. Naproxen 550mg #60 is not medically necessary.

**VOLTAREN GEL 100 G X 4 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**Decision rationale:** The decision for Voltaren gel 100 grams x 4 refills; I feel that it is medically necessary. The injured worker does have gastrointestinal (GI) distress from the chronic use of medication. Even though they are considered experimental and there is no evidence based proof of their efficacy in chronically painful conditions since the injured worker does have gastrointestinal (GI) symptoms, the Voltaren gel with 100 grams x 4 refills is medically necessary.

**PSYCHIATRY CONSULT AND 8 FOLLOW UP VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Behavioral Therapy.

**Decision rationale:** The decision for psychiatry consult and eight follow up visits is deemed not medically necessary. The documentation does not support psychiatric intervention, the injured worker is on no psychotropic drugs at this time. The request is not medically necessary.

**SACROILIAC JOINT BELT FOR LOW BACK:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac support belt.

**Decision rationale:** The decision for sacroiliac joint belt for low back pain for the sacroiliac joint is medically necessary. The injured worker does exhibit sacroiliitis on the right. On the recent physical examination she did have a positive Patrick's and a positive Gaenslen's test and a trial in the office with the belt did afford the injured worker some relief. Clinical documentation does support the need for the sacroiliac belt. The request is not medically necessary.